FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

D.B. FURLONG, INC.

DOCUMENT # S54784



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90258 050 ***150.00

Principal Place	e of Business	I (Billigia ib) etiti bidii isaal (alii alat alat		#1#11 E1E				
4119 CANOGA PARK DRIVE PO BOX 24896 PO: BOX 21512 TAMPA FL 33623 BRANDON FL 33511 US					DO NOT WRITE IN THI	S SPACI	É	
US					3. Date Incorporated or Qualifed			
					05/22/1991			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For		
21		26 POBOX	<u>بد</u>	195	59-3066865			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 72 Prove PODX RS. 27					5. Certifcate of Status Desired		75 Ad ee Req	dditional uired
City & State	e	City & State 28 TOWpce	5	=	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zìp	Country	Zip	, Cou	intry	8. This corporation owes the current year to			٦
24	25		30		Personal Property Tax.	Yes	<u> </u>	□No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered	Agem		
CI IDI	LONG, DONALD B			Name				
4119 CANOGA PARK DRIVE				82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
	NDON FL 33511			83				
Disc	11001112 00011			63				
				84 City	F	85	Zip Co	ode
11 Burniant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statute	s the s	hove-named corp	poration submits this statement for the purpose of	f changi	ng its r	egistered
office or t	egistered agent, or both, in the State of familiar with, and accept the obligati	of Florida. Such change was au	tnorize	d by the corporation	on's board of directors. I hereby accept the app	ointment	as regi	istered
SIGNATURE	. <u> </u>				d when reinstating) DATE			
	Signature, typed or printed name of registered agent		-	d Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTOF	RS IN 12
12.	OFFICERS AND	DELETE	13.	mc	ADDITIONS/CHANGES TO OFFICERS A	□ Ch		Addition
TITLE		בן טנבניג	1.2 N			_	Ü	_
NAME	FURLONG, D.B. 4119 CANOGA PARK DRIVE			TREET ADDRESS				1
STREET ADDRESS								
CITY-ST-ZIP	BRANDON FL 33511	☐ DELETE	2.1 T	ITY-ST-ZIP		☐ Ch	ange	Addition
TITLE	ST CHOICANC LINDA		2.2 N				•	
NAME	FURLONG, LINDA 4119 CANOGA PARK DRIVE		1	TREET ADDRESS				
STREET ADDRESS	_ · · · · · · · · · · · · · · · · · · ·							1
TITLE	BRANDON FL 33511			OTY-ST-ZIP		☐ Ch	ange	Addition
NAME		<u>_</u>	3.2 N					
	}			TREET ADDRESS				Į.
STREET ADDRESS			I.	CITY-ST-ZIP				
CITY-ST-ZIP		DELETE	4.1 T			□ CH	nange	Addition
NAME			4.21	NAME				}
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			1	ITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T			☐ Ch	ange	☐ Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	TREET ADDRESS				
CITY-ST-ZIP			5.4 0	:ITY-ST-ZIP				/
TITLE				MLE		Cr	ange	☐ Addition
NAME			6.2 N	IAME				
STREET ADDRESS			6.3 8	TREET ADDRESS				}
Unice i Applicad			64.0	ITY-ST-ZIP				i

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address, with all other like empowered.

SIGNATURE: